

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66622	6/29
O.I.P.E. CLASSIFIER		48	9/5/00
FORMALITY REVIEW	HS	574	8/11/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral) ... Canceled  
÷ ..... Restricted

N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

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Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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